

# **SOCIAL WORK LICENSURE INFORMATION REGARDING APPLICATION**

## **APPLICATION INSTRUCTIONS**

1. This application is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the application, you must print the form, and apply your handwritten signature. Applications submitted without the appropriate signature will be returned
4. This application and all supporting material must be submitted with the appropriate application fees. All fees are non-refundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH.
5. The completed application may be submitted to the Kentucky Board of Social Work by mail to 44 Fountain Place, Frankfort, Kentucky 40601.

## **GENERAL INFORMATION**

Completed applications are submitted to the Board for approval. Once the application has been approved, you will receive an approval letter to schedule your examination, along with a Candidate Handbook. You must call the ASWB and set up a date to take the exam. Exam fees will be paid directly to the ASWB. Your unofficial test scores will be available the day of the exam at the exam site.

The day of the exam you must take with you to the test center your original ASWB Authorization Letter and Government Issued Photo Identification. Persons who do not have these materials will not be allowed to sit for the exam.

Upon passing the exam, it is your responsibility to send a copy of your unofficial test scores to the board office.

## **SUPERVISION CONTRACT**

A contract will be mailed to you when you obtain the CSW license. This form is to be completed and submitted for review and approval by the Kentucky Board of Social Work by the supervisor and the supervisee when a Certified Social Worker wishes to engage in the independent practice of clinical social work under the supervision of a Licensed Clinical Social Worker with three (3) years post experience. Please refer to 201 KAR 23:070. Qualifying Education and Qualifying Experience under Supervision. This form must be submitted BEFORE practicing Clinical Social Work or beginning supervision. You will receive a letter from the Board indicating approval. THERE IS NO ADDITIONAL FEE TO SUBMIT A SUPERVISION CONTRACT.

## **LCSW APPLICANTS**

Licensed Clinical Social Worker applicants (or the equivalent in other states) whose supervisor is licensed out of the State of Kentucky must submit a resume of each supervisor. Additionally, if an applicant has more than one supervisor, comments from each supervisor regarding competence and ethical behavior and the specific number of supervisor's hours provided by each supervisor must be submitted. Supervision must total 200 hours with a minimum of 100 hours being individual supervision hours.

If you have further questions, please visit our website at <http://finance.ky.gov/bsw/> or you may call 502.564.2350 or email to [nina.anglin@ky.gov](mailto:nina.anglin@ky.gov), or [margaret.hazlette@ky.gov](mailto:margaret.hazlette@ky.gov).

# KENTUCKY BOARD OF SOCIAL WORK

COMMONWEALTH OF KENTUCKY

44 FOUNTAIN PLACE

FRANKFORT, KY 40601

<http://finance.ky.gov/bsw>

**NOTE: Application fee in the amount of \$25 payable to the Kentucky State Treasurer must be submitted with this application in order to process. DO NOT SEND CASH**

- APPLICATION FOR:**
- ☐ LICENSED SOCIAL WORKER (Bachelor's Degree)
- ☐ CERTIFIED SOCIAL WORKER (Master's Degree)
- ☐ LICENSED CLINICAL SOCIAL WORKER (Master's Degree)

1. \_\_\_\_\_ 2. - -  
Name: Last First Middle Social Security Number

3. / /  
Maiden or any other name used Date of Birth

4. \_\_\_\_\_  
Mailing Address: Street City State Zip Code Home Phone

\_\_\_\_\_  
Email Address (Required)

5. \_\_\_\_\_  
Business Address: Street City State Zip Code Business Phone

6. Do you currently or have you ever held a license to practice social work in Kentucky or any other state? ☐ Yes ☐ No

If yes, License or Registration Number: \_\_\_\_\_ State: \_\_\_\_\_  
You must submit a letter of good standing from each state in which you are or have been licensed.

7. Have you taken and passed an exam through ASWB? ☐ Yes ☐ No If yes, what level?  
Please submit a copy of your ASWB Score Report with this application or contact [www.aswb.org](http://www.aswb.org) for score transfer. \_\_\_\_\_

8. Have you ever made application and failed to receive a license in Kentucky or any other state? ☐ Yes ☐ No

If yes, give reason application was denied. \_\_\_\_\_

9. Has your license in Kentucky or any other state ever been suspended or revoked? ☐ Yes ☐ No

If yes, give details. \_\_\_\_\_

10. Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, what offense? \_\_\_\_\_  
(Send supporting documentation)

## EDUCATION

Dates Attended      Date of Graduation

SCHOOL	NAME AND LOCATION	From	To	Month	Year	Number of Hours or Credits	Degrees Obtained
Under-Graduate School							
Graduate School							

NOTE: All degrees applicable to Social Work must be documented by a CERTIFIED TRUE COPY of the official transcript with the DEGREE CONFERRED. You may attach it to this application or have it mailed directly to this office.

**NO ACTION WILL BE TAKEN ON YOUR APPLICATION UNTIL NECESSARY TRANSCRIPTS ARE RECEIVED**

When your application is approved or denied, you will be notified by email or postal mail if no email address is given.

All applicants should become familiar with the Kentucky Laws and Regulations pertaining to the Practice of Social Work found on our website or by requesting a copy from this office. <http://finance.ky.gov/bsw/> or by phone (502)564.2350.

**LIST THE NAMES AND ADDRESS OF THREE (3) INDIVIDUALS WHO WOULD  
DOCUMENT YOUR PROFESSIONAL COMPETENCY**

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1. Name Address:

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2. Name Address:

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3. Name Address:

**APPLICANT'S AFFIDAVIT**

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief.

I further affirm that I have read KRS 335 as annotated by the board, together with the Rules and Regulations of the Kentucky Board of Social Work and fully understand that in receiving a license from the Board, I bind myself to be governed by them.

Further more, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualification for licensing. In addition, I agree to furnish the Board any information that may subsequently be requested for the purpose of verifying my qualifications.

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Date Signature